


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90197 019 ****61.25

DOCUMENT # N05356			
1. Entity Name FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, INC.			
Principal Place of Business 1001 FOXFIRE LN. NAPLES, FL 34104 US		Mailing Address PO BOX 8478 NAPLES, FL 34101 US	
2. Principal Place of Business - No P.O. Box # <i>of Sandcastle Community NGMT</i> Suite, Apt. #, etc. <i>1719 Trade Center Way, #4</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Naples, FL</i>		City & State	
Zip <i>34109</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent ARMAS, EDUARDO DE SANDCASTLE COMMUNITY MGMT INC 1719 TRADE CENTER WAY #4 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARGARET, FLANAGAN 1001 FOXFIRE LANE #307 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael H. Brett 1001 Foxfire Lane #103 Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, HOWARD 1001 FOXFIRE LANE #302 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Conaglio 1001 Foxfire Lane #107 Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLUG, PAUL 1001 FOXFIRE LANE #204 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Charles T. Arenholz 1001 Foxfire Lane #306 Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNIER, ROBERT 10001 FOXFIRE LANE #303 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALVATORE, SALINA 1001 FOXFIRE LANE # 206 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other being empowered.			
SIGNATURE: <i>Michael H. Brett</i>		Date: <i>4/19/07</i> Daytime Phone #: <i>239-396-7200</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	